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Florida Department of State
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
NAPLES PEDIATRICS L.L.C.

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Napoles Pediatrics L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12957 PALMS WEST DR
SUITE 101
LOXAHATCHEE, FL 33470

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

ANA M. NAPOLES-RUIZ
12957 Palms West DR Ste 101
Loxahatchee FL 33470

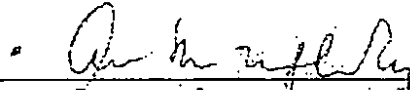
ARTICLE IV:

The name and title of each person authorized to manage and control the Limited Liability Company:

ANA M. NAPOLES-RUIZ (AMBR)

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Required Signatures:**Signature of a member of an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ana Napoles-Ruiz**Typed or printed name of signee**ANA M. NAPOLES-RUIZ

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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